



**WASHINGTON STATE PATROL
FIRE TRAINING ACADEMY
NORTH BEND, WASHINGTON**

REGISTRATION FORM

Course Information

Course: _____ Course Date: _____

If housing is desired, please contact Bob Jones at (425) 453-3000, ext. 104. Housing cost is \$14.00 per night.

Student Information

First Name: _____ M.I. _____ Last Name: _____

Fire Department: _____

Last Four of SSN: _____ Date of Birth _____ Rank/Rate (if applicable) _____
(mm/dd/yy)

Home Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: () _____ Evening Phone: () _____ E-Mail: _____

Sex: _____ Occupation: _____ Firefighter Status: Career Volunteer

Department/Billing Information

Department/Company Name: _____

Supervisor's Name: _____

Department Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: () _____ Evening Phone: () _____ E-Mail: _____

Fax #: () _____ Purchase Order No.: _____

Return completed registration to:

Fire Training Academy
PO Box 1273
North Bend WA 98045-1273

FAX NO. (425)888-3060